



CALIFORNIA STATE ATHLETIC COMMISSION  
 1424 HOWE AVE. STE. #33  
 SACRAMENTO, CA 95825  
 INTERNET: [www.dca.ca.gov](http://www.dca.ca.gov)  
 (916) 263-2195 FAX (916) 263-2197



## APPLICATION FOR PROFESSIONAL ATHLETE

☐ **BOXING**
☐ **MIXED MARTIAL ARTS**
☐ **KICKBOXING**

**You must submit all the items listed below before your application is processed.  
 Your application will be considered "Pending" if any information is not completed.**

- ☐ \$60 Application Fee.
- ☐ One (1) passport sized photograph (2"x 2").
- ☐ Neurological Examination Report (by licensed physician specializing in neurology and/or neurosurgery).
- ☐ Physical Examination Report by licensed physician.
- ☐ Ophthalmological Examination by licensed ophthalmologist.
- ☐ Negative HIV, HCV (Hepatitis C), and HBV Surface Antigen (Hepatitis B) test results must be submitted on the letterhead of a CLEA certified laboratory in the United States.
- ☐ EKG
- ☐ MRI

### SECTION 1. Please Print the Following Information

 Social Security Number: **MANDATORY**

Last First Middle

 Ring Name: ( )  
 Area Code Telephone Number

ADDRESS:

Street (No PO Box) City State Zip Code Country

Age	M / F	Birth Date: Mo ____ Day ____ Year ____	Height: ft. ____ In. ____	Weight ____ lbs
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### SECTION 2.

 Have you ever used any other name(s)? ☐ YES ☐ NO If yes, list name(s):

 Are you licensed as a professional boxer in any state or country? ☐ YES ☐ NO If yes, what country?

 Have you ever been disqualified in any contest? If "Yes", explain. ☐ YES ☐ NO

 Has your licensed ever been denied, suspended or revoked in any state or country for medical reasons? ☐ YES ☐ NO  
 (DO NOT INCLUDE ANY ACTION BASED ON HIV/HBV TEST RESULTS) If "Yes", explain and list the state or country:

### SECTION 3. AMATEUR BOXING RECORD:

WINS: WINS BY KO: LOSSES: LOSSES BY KO: DRAWS:

### SECTION 4. PROFESSIONAL BOXING RECORD:

WINS: WINS BY KO: LOSSES: LOSSES BY KO: DRAWS:

**SECTION 5. MARTIAL ARTS RECORD:**

WINS: \_\_\_\_\_ WINS BY KO: \_\_\_\_\_ LOSSES: \_\_\_\_\_ LOSSES BY KO: \_\_\_\_\_ DRAWS: \_\_\_\_\_

**SECTION 6.**

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:.

Type of License	Year License was Issued	State or Other Commission/Government Authority
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? ☐ Yes ☐ No If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE OF ACTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? ☐ Yes ☐ No If YES, provide the following information:

CHARGE	DATE OF CHARGE	GOVERNMENTAL AUTHORITY	HEARING DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been convicted of a crime in the past 10 years, regardless of adjudication? ☐ Yes ☐ No If YES, provide the following information:

CRIME	DATE OF CONVICTION	CITY, STATE, COUNTRY	SENTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any charges pending against you by any law enforcement agency? ☐ Yes ☐ No If yes, provide the following information:

CHARGE	DATE OF CHARGE	CITY, STATE, COUNTRY	TRIAL DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 7.**

Do you have a certified managerial contract with any licensed Manager(s)? ☐ YES ☐ NO

If yes, list **ALL** name(s) of those who have a financial or proprietary interest in your ring earnings. Also list the state or country where the contract was certified.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 8. PERSON TO NOTIFY IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

## PLEASE READ CAREFULLY

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405 (c) (C) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and credit boxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Information on your application and physical examination report may be released to law enforcement agencies. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

### CHILD SUPPORT INFORMATION

Please mark the appropriate response. Failure to do so shall result in the denial of your application and administrative suspension.

- ☐ I am not the subject of a child support court order.
- ☐ I am the subject of a child support court order.
- ☐ I am the subject of a child support court order of one or more children and I am in compliance with the order, or I am in compliance with the plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am a subject of a child support court order of one or more children and I am **not** in compliance with the order, or with the plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a professional athlete's license and that all the answers given are my own. I further declare that all the answers are true AND THAT THE HIV/HBV/HCV TEST REPORT REPRESENTS MY HIV/HBV/HCV TEST RESULTS. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This item is VOLUNTARY. You do not have to check this box.**

[ ] I hereby authorize the California State Athletic Commission to release my telephone number to any commission licensee for contact purposes. This authorization shall be valid during the license year in which this application is signed.

**OFFICE USE ONLY**

License #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ Expires: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Receipt #: \_\_\_\_\_

P/E Date: \_\_\_\_\_ HIV Date: \_\_\_\_\_ HBV Date: \_\_\_\_\_ HCV Date: \_\_\_\_\_

Ophthalmologic \_\_\_\_\_ Neuro Exam Date: \_\_\_\_\_ EKG Date: \_\_\_\_\_ MRI Date: \_\_\_\_\_

Suspensions:

\_\_\_\_\_  
\_\_\_\_\_

License Approved from \_\_\_\_\_ to \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_